

Induced Abortion and Postabortion Care in Ethiopia

- In 2005, Ethiopia expanded its abortion law, which had previously allowed the procedure only to save the life of a woman or protect her physical health.
- Abortion is now legal in cases of rape, incest or fetal impairment. In addition, a woman can legally terminate a pregnancy if her life or physical health is in danger, if she has physical or mental disabilities, or if she is a minor who is physically or mentally unprepared for childbirth.
- Since enactment of the new law, efforts have been undertaken to improve access to abortion-related care, such as by constructing more health centers and training more mid-level providers.
- In 2006, the government published national standards and guidelines on safe abortion that permitted the use of medications (misoprostol with or without mifepristone) to terminate pregnancies, in accordance with World Health Organization (WHO) clinical recommendations on safe abortion.

Incidence of Abortion

- In 2014, an estimated 620,300 abortions were performed in Ethiopia. This corresponds to an annual rate of 28 abortions per 1,000 women aged 15–49, an increase from 22 per 1,000 in 2008.
- Ethiopia's abortion rate remains lower than the estimated rate of 34 per 1,000 women for East Africa region as a whole, which includes many countries where abortion is highly restricted.
- The abortion rate is highest in urban areas: Ninety-two per 1,000 women in Addis Ababa, the country's largest city,

and 78 per 1,000 in the smaller urban regions of Dire-Dawa and Harari.

- The higher rates in urban areas are likely the result of many factors, including that women who reside elsewhere travel to urban areas to obtain abortions.

Provision of Abortion and Postabortion Care

- In 2014, 53% of induced abortions (some 326,200) were legal procedures performed in health facilities, nearly double the proportion in 2008 (27%).
- In 2014, almost three-fourths of facilities that could potentially provide abortions or postabortion care did so, including 67% of the 2,600 public health centers nationwide, 80% of the 1,300 private or nongovernmental organization (NGO) facilities and 98% of the 120 public hospitals.
- The majority of abortions (66%) are provided by private or NGO facilities, while most postabortion care (72%) is

provided by public hospitals and health centers.

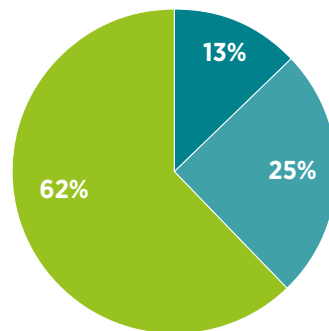
- Between 2008 and 2014, the share of legal abortions performed using medication increased from zero to more than one-third.
- The proportion of abortion-related services—induced abortion and postabortion care—provided by midlevel health workers increased from 48% in 2008 to 83% in 2014.

Women Seeking Abortion and Postabortion Care

- In both 2008 and 2014, the majority of women seeking a legal abortion, or postabortion care for complications from an abortion or a miscarriage, were married, were younger than 25 and had at least one previous pregnancy.
- During this period, the proportion of women seeking care who reported that they had tried to end the pregnancy themselves increased from 11% to 15%.

PREGNANCY OUTCOMES, 2014

More than one in 10 pregnancies end in abortion.



4.93 million pregnancies

- Unintended pregnancy ending in abortion
- Unintended pregnancy ending in miscarriage, mistimed birth, or unwanted birth
- Intended pregnancies ending in miscarriage or birth

- Some 30% of all women seeking care for abortion complications in 2014 were past their first trimester, a drop from 34% in 2008.
- More than three-quarters of women seeking abortion-related services in 2014 received a method of contraception at the time of treatment.

Consequences of Unsafe Abortion

- The number of women receiving treatment in a health facility for complications from an abortion performed outside—as well as inside—a health facility nearly doubled between 2008 and 2014, rising from 52,600 to 103,600.
- Nineteen percent of women seeking postabortion care in 2014 suffered complications severe enough to require hospitalization; the proportion in 2008 was 23%.

- Ethiopian health professionals estimate that 40% of women who have an abortion outside of a health facility experience serious complications and that 74% of these women receive treatment for their complications. Sixty percent of women who have an abortion outside of a facility do not have complications that require medical care.

Impact of Unintended Pregnancy

- There has been a marked increase in modern contraceptive use among married women over the past decade—from 14% in 2005 to 40% in 2014.
- Despite these gains, nonuse of contraceptives among women who wish to avoid pregnancy continues to lead to high levels of unintended pregnancy, the cause of most abortions. Nationally, 38% of pregnancies were unintended in

2014, down only slightly from 42% in 2008.

- Thirteen percent of unintended pregnancies ended in abortion in 2014, up slightly from 10% in 2008.
- Of the women who sought abortion-related services in health facilities in 2014, 30% reported that they were using a modern contraceptive method when they became pregnant.

Implications

- In the 10 years since the passage of the revised abortion law, Ethiopia has achieved major progress in making safe abortion accessible for many women in the country. Between 2008 and 2014, the proportion of abortions performed in health facilities increased markedly—from a quarter to more than half.
- However, many Ethiopian women continue to have abortions outside of health facilities, often under unsafe conditions. This reality must be addressed by improving access to safe and legal abortion services, particularly for rural women, and expanding family planning services to reduce unintended pregnancy rates.

- Efforts should continue to focus on expanding the health care workforce and infrastructure, scaling up services and educating women about the legal status of abortion.

SOURCES

Most data in this fact sheet are from Moore A et al., *The estimated incidence of induced abortion in Ethiopia, 2014: changes in the provision of services since 2008*, International Perspectives

on Sexual and Reproductive Health, 2016 (forthcoming); and Gebrehiwot Y et al., *Changes in morbidity and abortion care in Ethiopia after legal reform: national results from 2008 & 2014*, International Perspectives on Sexual and Reproductive Health, 2016 (forthcoming). Additional resources can be found in the version available at <https://www.guttmacher.org/fact-sheet/induced-abortion-ethiopia>

ACKNOWLEDGMENTS

The study on which this fact sheet is based was made possible by grants from the Dutch Ministry of Foreign Affairs, the Norwegian Agency for Development Cooperation and the UK Government. The views expressed are those of the authors and do not necessarily reflect the official policies of the donors.

PROJECT PARTNERS:

Ethiopian Society of Obstetricians and Gynecologists
Ethiopian Public Health Association
Federal Ministry of Health of Ethiopia



Good reproductive health policy starts with credible research

125 Maiden Lane
New York, NY 10038
212.248.1111
info@guttmacher.org

www.guttmacher.org

ABORTION CARE IN ETHIOPIA, 2014

Between 2008 and 2014, the share of abortions performed in health facilities nearly doubled.

